

# Licensure Background Check Information

Personal Information	
Social Security Number	
First Name	
Middle Name	
Last Name	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship	
Place of Birth (State/Country or Region)	
Home Address With City, State and Zip Code.	
Country of Citizenship	
*Home Phone	
Will Employee Be Transporting Children, Adults, Handicapped, or Hazardous Material?	
Licensed To Drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver License Number & State	
Employer or Agency Name	
Employer Address With City, State and Zip Code.	
Contract Agency Name	
Payment for background check to be made	<input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card
Vital Information	
Height	
Weight	
Race	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN   <input type="checkbox"/> HISPANIC
Hair Color	<input type="checkbox"/> BALD <input type="checkbox"/> BLACK <input type="checkbox"/> BLOND <input type="checkbox"/> BROWN <input type="checkbox"/> GREY <input type="checkbox"/> RED <input type="checkbox"/> SANDY <input type="checkbox"/> WHITE
Eye Color	<input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK
Information Below For Office Use Only	
AGENCY ORI	
CASE NUMBER	339.01
PAYMENT MADE BY	
AGENCY PROVIDER #	
AGENCY PROVIDER SUFFIX	
TRANSACTION DATE/TIME	
HIRE DATE	
REPRINT	<input type="checkbox"/> YES <input type="checkbox"/> NO

Fields marked with a "\*" are optional. All other fields are mandatory. Please check your information to insure accuracy. Failure to do so may prevent or delay the processing of your fingerprints and employment.  
MH-5460 (Rev. 12/1/10)